

November 14, 2002

PPL No. 02-014

**TO: Local Governmental Agencies (LGAs)
Targeted Case Management (TCM) Coordinators**

SUBJECT: Definition of a TCM Encounter for Public Guardian Programs

This Policy and Procedure Letter (PPL) refines the definition of an encounter as it is applied in the TCM program for the Public Guardian target population. After citing the definition of a TCM encounter, this PPL discusses each of the definition's key terms in order to establish the basis on which the Department of Health Services (DHS), as the single state agency for the Medi-Cal program, and thereby for the TCM program in California, applies the definition. Although each key term is discussed separately, LGAs must ensure that they consider the definition in its entirety. LGAs must not separate the definition of any key term from the requirements of the whole definition.

Based on Title 22 of the California Code of Regulations (CCR), Section 51185(a), DHS defines the term "encounter" as:

A face-to-face contact or a significant telephone contact in lieu of a face-to-face contact when environmental considerations preclude a face-to-face encounter, for the purpose of rendering one or more targeted case management service components by a case manager. For the Public Guardian target population, the encounter may be with persons acting on behalf of the Medi-Cal beneficiary.

This definition identifies three types of encounters:

1. "A **face-to-face contact** ... for the purpose of **rendering one or more targeted case management service components** by a **case manager**."
2. "A **significant telephone contact** in lieu of a face-to-face contact **when environmental considerations preclude** a face-to-face encounter, for the purpose of rendering one or more targeted case management service components by a case manager."



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3. For the Public Guardian/ Conservator target population, “the encounter may be **with persons acting on behalf of** the Medi-Cal beneficiary.”

Face-to-face is defined as the case manager directly interacting with the client or with the person identified as acting on behalf of a Public Guardian/Conservator client. For example, if the client fails to meet the case manager, no encounter may be claimed. Or, if the case manager, on behalf of the client, is completing and mailing an application for Supplemental Security Income, no encounter may be claimed. Likewise, staff meetings to discuss the client’s progress, in the absence of the client, may not be claimed as a TCM encounter. Filing case documents, including notices of action, is never an encounter.

Rendering one or more TCM service components means assisting Medi-Cal eligible individuals within specified targeted groups to access needed medical, physical, social, educational, and other services. The TCM service components, as defined in 22 CCR §51351, are:

- Documented assessment identifying the beneficiary’s needs;
- Development of a comprehensive, written, individual service plan;
- Linkage and consultation with and referral to providers of service;
- Assistance with accessing the services identified in the service plan;
- Crisis assistance planning; and
- Periodic review of the beneficiary’s progress.

These services are described in detail in Section 2 of the TCM Provider Manual. Many TCM activities other than these TCM services are a necessary part of effective case management. However, only these listed services may be claimed as a TCM encounter. All TCM activities conducted in support of TCM encounters, as well as the encounters themselves, should be included in the annual TCM Time Survey so that the encounter rate (derived from the Cost Report) accurately compensates for the costs of such activities. For detailed discussion of this point, see Section 3 of the TCM Provider Manual.

A case manager is an individual appropriately trained for and employed by the case management agency whose clients he or she is serving. A case manager must meet the education, training, and experience requirements appropriate to that agency and for that target population as described in Section 2 of the TCM Provider Manual and in 22 CCR §51272. Each case management agency that has contracted with DHS as a TCM provider is required to provide each case manager with case management training and must implement a case manager coordination system (a Performance Monitoring Plan, a sample of which is provided in PPL 98-015) to prevent countywide duplication of service.

A TCM encounter is conducted by one case manager. When multiple case managers provide the same TCM service to the same client on the same day, only one case manager may claim for the encounter. When a case manager makes multiple referrals or provides multiple TCM services during a single visit, the referrals or services cannot be billed as separate encounters. Ideally, a single case manager is responsible for providing the whole range of TCM services to one client; this is the best way to prevent duplication of services. A TCM encounter conducted by one case manager should consider and/or provide a range of TCM services, from assessment to periodic review.

When multiple case managers interact directly with a client to provide different TCM services, each provider can claim a TCM encounter. When case managers provide case management services to the same client, the LGA must determine which is the lead case manager. The lead case manager must coordinate with the other case managers to determine which services the client received in order to prevent duplication of services (e.g., assessment, developing a service plan) among those case managers. This subject is discussed in detail in PPL 98-015, TCM Documentation Statewide Training, under the heading Sample Performance Monitoring Plan. Meetings between case managers in the absence of a client do not constitute an encounter.

A significant telephone contact may be the basis for a valid encounter, subject to the environmental considerations described below. To be significant, the telephone contact must be with the client to address at least one TCM service identified in the client's service plan, as required by 22 CCR §51351. Telephone contact limits the case manager's ability to ensure that the changing needs of the Medi-Cal eligible person are addressed on an ongoing basis and that appropriate choices are provided from the widest array of options for meeting those needs. Many TCM activities that can be conducted by phone *support* TCM encounters but are not *claimable* as TCM encounters. Confirming an appointment, for example, does not constitute an encounter.

Significant telephone contact can only be considered valid **when environmental considerations preclude** a face-to-face contact. Severe weather may preclude face-to-face contact and may give rise to valid significant telephone contact. When making significant telephone contact to provide a TCM service, case managers must identify in the case records the environmental considerations that precluded face-to-face contact, as well as which TCM service was provided.

For the Public Guardian/Conservator target population, the encounter may be **with persons acting on behalf of** the Medi-Cal beneficiary. This term applies to both Public Guardian case managers acting on behalf of their clients and to other persons who may be acting on behalf of the client.

Public Guardian case managers may act on behalf of their clients by holding signature authority over financial accounts, authorizing the client's intake to a psychiatric or medical facility, and ensuring that the client has adequate food, clothing, and shelter.

However, not all services provided by Public Guardian case managers acting on behalf of a client constitute valid TCM encounters. To be considered valid encounters, Public Guardian case managers must ensure that while they are acting on behalf of a client they are also providing the client with a specific TCM service identified on the client's service plan.

Public Guardian case managers may also provide TCM services to a client by interacting with *another* person who is acting on behalf of the client. This may include having the Public Guardian case manager facilitate a complete assessment by gathering information from competent relatives. Similarly, the Public Guardian case manager may facilitate the client's ability to access services by arranging with others to provide transportation or other support.

Public Guardian case managers may not claim for TCM encounters when they act on behalf of the client during Public Guardian staff case conferences at the Public Guardian agency. Case conferences are activities that may be in support of valid TCM encounters but are not themselves claimable as TCM encounters.

Whether interacting directly with a client, interacting with a service provider on behalf of a client, or interacting with another person who is acting on behalf of the client, Public Guardian case managers must ensure that TCM services were provided. When making significant telephone contact to provide a TCM service, Public Guardian case managers must identify in the case records the environmental considerations that precluded face-to-face contact.

The State Plan Amendment (SPA) for the Public Guardian target population states that Public Guardian case managers may not claim for "activities related to money management, property management, or the legal requirements for annual renewal of conservatorship." Examples of such excluded activities include paying bills, maintaining the client's property, and/or reporting to the court.

TCM Encounters with Clients Who Reside in Institutions

The federal Centers for Medicare and Medicaid Services (CMS) has determined that case management services are provided to clients in Skilled Nursing Facilities (SNFs) by medical staff. SNFs claim for these services as part of their all-inclusive clinic services rate.

Pursuant to the Olmstead Decision (U.S. Supreme Court, June 1999), CMS has announced that TCM:

May be furnished as a service to institutionalized persons who are about to leave the institution, to facilitate the process of transition to community services and to enable the person to gain access to needed medical, social, educational and other services in the community. We are revising our guidelines to indicate that

TCM may be furnished during the last 180 consecutive days of a Medicaid eligible person's institutional stay, if provided for the purpose of community transition (Olmstead Update 3, July 25, 2000).

TCM case managers face further limitations on claims for services provided to clients who reside in psychiatric facilities that are IMDs. Case managers must verify with staff in such facilities whether or not the facilities are IMDs. Title 42 of the Code of Federal Regulations (CFR), Section (§) 1009 defines IMD as:

A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An institution for the mentally retarded is not an institution for mental diseases.

TCM case managers must ensure that they do not claim for case management services they provide to clients who reside in an IMD who are under age 65 or over age 21.

42 CFR §435.1008 states:

FFP [Federal Financial Participation] is not available in expenditures for services provided to...individuals under age 65 who are patients in an institution for mental diseases unless they are under age 22 and are receiving inpatient psychiatric services under Sec. 44.160 of this subchapter.

For IMD clients who are under age 65 and over age 21, 9 CCR §1840.374 states:

- (a) TCM services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in subsection (b):
 - (1) Psychiatric Inpatient Hospital Services
 - (2) Psychiatric Health Facility Services
 - (3) Psychiatric Nursing Facility Services
- (b) TCM services solely for the purpose of coordinating placement of the beneficiary on discharge from the psychiatric inpatient hospital, psychiatric health facility or psychiatric nursing facility may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility.

TCM services are not claimable for IMD patients except on the day of admission and within 30 days prior to the day of discharge. Because the day of discharge can only be confirmed after the client has been discharged, it is essential that the client's actual date of discharge be clearly identified in the client case records. When claiming for TCM

services, the case manager must make a good faith effort to determine the client's expected date of discharge and to claim only for those encounters that meet the criteria for clients who reside in institutions, as described above.

To avoid duplication of case management services, case records and encounter logs must indicate specifically in what type of residence the client is residing. The word "home" must be used to refer to a private residence. Otherwise, indicate Board and Care, Hospital, SNF, IMD, etc. To document non-duplication of services, TCM case records and encounter logs must include:

- The recipient's name, date of birth, and Medi-Cal number,
- The date of service,
- The names of the provider agency and the person providing the service,
- The type of TCM service provided,
- The location of the service (home, office, or type of institution), and
- The date of the recipient's admission and discharge from an institution, if any.

For any encounter to be valid and claimable, it must be appropriately documented. The above discussion of the definition of an encounter is not exhaustive; some exceptions to these requirements will arise. For all encounters, case managers can help ensure that TCM encounters meet all conditions of the above definition by maintaining complete and accurate case records and encounter logs, as described in Section 7 of the TCM Provider Manual and in the TCM Documentation Training Specifically for Public Guardian Programs, dated July 1999. Furthermore, each TCM provider agency ensures the validity of TCM encounters by creating and implementing its Performance Monitoring Plan, which helps ensure non-duplication of payments, non-duplication of services, and a more efficient use of agency resources in meeting client needs.

If you have any questions, please contact Ms. Elizabeth Touhey, Chief of the Local and Schools Services Unit, at (916) 657-0716 or by e-mail at etouhey@dhs.ca.gov.

Sincerely,

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